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LECTURE OF M. BERARD AT THE CONCOURS IN PARIS.

[See page 127.]

First Patient.—LUXATION OF THE HUMERO-SCAPULAR ARTICULATION, DOWNWARDS AND FORWARDS.

THE first patient presented to M. Berard (*fils*) was marked on the back of the thigh with a large cicatrix, the result of a burn carried to the third degree; it was very irregular in form, but did not exhibit any tendency to the formation of bridles, which led the speaker to lay down as a general principle, that cicatrices formed on the side of extension, have not the same tendency to the production of bridles and retractions, as those which take place on the side of flexion. This was not the only injury; the patient exhibited another, much more interesting, and to which the speaker immediately applied himself. The patient, in this case, was a mason, and while ascending a ladder, he fell from a considerable height on his left side. On getting up he felt a good deal of pain in that side and along the arm, but there was no loss of sensation. On examination of the injured limb, the following particulars were remarked, which leave no doubt of the nature of the affection. In the first place, the left arm hangs down by the side, and is longer than the opposite one by six or eight lines. This was ascertained by measuring the distance between the acromion process and the olecranon; the height of the anterior parietes of the axilla seemed increased, and the arm projected from the side about three inches. On examining the axilla, it was easy to distinguish the presence of a solid body in that space. The motions of the joint are extremely limited (here the speaker entered into the study of the motions of the limb, but forgot rotation altogether), and if the surgeon acts upon it with the least force, he gives a great deal of pain. It was impossible to draw the arm away from the side, or to bring it forward without immense suffering to the patient. On pressing the fingers over the surface of the shoulder-joint, a depression was felt on its superior parietes, along which the fibres of the deltoid muscles were drawn, tense and rigid. In the axilla, there was not that hollow which presents itself in a healthy state, but the hand discovered a round, hard tumor, which followed the motions of the arm, and seemed to be continuous with the body of the bone.

The nature of this affection is easily gathered from the preceding symptoms; it is a luxation of the humero-scapular articulation, downwards and forwards. Let us now endeavor to prove that it can be no other lesion than the one which we have indicated. In the first place, we say it is a luxation and not a fracture of the surgical head of the humerus, which sometimes simulates sufficiently a luxation of the joint. (Here M. Berard enumerated, in a very clear manner, the distinctive symptoms between luxation downwards, and fracture of the neck of the humerus, and particularly insisted on the impeded motion and absence of crepitation in the present case.) It is not a fracture of the neck of the scapula, an accident which might have been easily produced by the manner in which the patient fell on his shoulder ; for if that were the case, it would not be a matter of any difficulty to establish the existence of crepitation. How is this luxation produced, and what is its mechanism ? The shoulder-joint may be dislocated in two ways, i. e. under two different circumstances. In some cases the ligament and capsule surrounding the joint are extremely lax, either constitutionally or in consequence of some disease, and when the arm is abducted, the simple contraction of the deltoid and supra-spinati muscles is sufficient to make the head of the bone slip out of the ill-protected joint, and produce luxation. This, however, is a very rare accident, and in our patient there is no presumption of the parts being in this state of laxity and weakness. More frequently, the individual, receiving a fall on his side from some height, the arm is extended and receives the shock ; at the same time, the different muscles which pass from the trunk to the body of the bone contract violently, the arm is acted upon by a mechanical power, and the head of the bone is drawn down into the axilla. This effect arises from the nature of the joint, the violence, and the contraction of the muscles, all combined. The arm, in fact, is made to represent a kind of lever ; the resistance is in the articulation, the power is at the insertion of the pectoral, latissimus dorsi muscles, &c., and the fixed point is that which happens to strike against the ground. Now as the distance between the power and prop is measured by nearly the whole length of the arm, the head of the bone must be drawn down with very considerable force, and we can thus understand why luxations are so often produced in this manner. In the case which now occupies our attention, the capsular ligament is lacerated, and the head of the bone may be felt in the axilla. Is there an incomplete luxation ?—Here the speaker entered into some considerations on this species of dislocation, and commenced by denying the existence of that which Sir A. Cooper has described. He supported, however, the idea of an incomplete luxation ; and affirmed that authors record numerous examples of it, but that in the present case the luxation was complete, the head of the bone resting on the neck of the scapula. M. Berard now gave a rapid sketch of the anatomy of the joint, its muscles and ligaments, and then asking what circumstances favored this dislocation, remarked that it is infinitely more frequent than any of the others, and that the causes contributing to its production are, first, the little depth of the glenoid cavity ; secondly, the immense extent and variety of the motions of the upper extremity ; and, thirdly, the power of certain muscles inserted near the head of the bone, as the great pectoral, the teres major, latissimus dorsi, &c. Besides, the lower portion of the capsular ligament is very little protected by tendons or muscles. The only one which we have in this situation is the long head of the triceps, and this does not offer any great protection.

M. Berard now proceeded to describe the accidents which may accompany or complicate luxation of the shoulder-joint, and spoke, in turn, of fracture, effusions of blood, paralysis from pressure on the nerves in the axilla, &c. ; and remarked, that the present case was free from any unpleasant complications of this kind, the sensation and motion being quite perfect. The luxation was therefore simple, and easily recognized. We may now ask, he said, what would take place if it were not reduced. The head of the bone is gradually drawn up by the contraction of the muscles, and ascends under the great pectoral, to be lodged below the clavicle ; the articulation itself becomes altered, and in time effaced. Besides these, other changes take place ; the cartilage covering the head of the humerus is absorbed, and the surface on which the bone rests forms a new kind of articulation called the false moveable joint. In other cases the head of the humerus may unite with the bone upon which it rests, the vessels may become continuous from one structure to the other, and true anchylosis take place.

The prognosis of the injury depends on the extent of these different changes, and the manner in which the motion of the limb is altered. In all cases, the motions are more or less circumscribed, and in some there is no possibility of communicating to the limb the least change of position. In one remarkable instance, the head of the bone was driven in between the ribs, and rested upon the pleura ; the preparation is still preserved at the school of Berlin. Up to what period may we hope to reduce a luxation? In the lectures of M. Dupuytren, which have been lately published, we find a table of luxations, reduced from the earliest period to two years ; but M. Berard thinks that reduction is in general impossible after three or four weeks. Here the speaker noticed the exaggerated account given by authors of the immobility of the limb in cases of luxation ; the fact is, for the first day or two the limb, as in the present case, presents a great degree of motion in almost all directions, and if we were to look for fixity as an essential symptom, we should often fall into error. The prognosis is favorable ; first, because the dislocation is recent, and one easily reduced ; and, secondly, because it is not accompanied by any accident or complication.

Now comes the principal question, that of treatment. The indications are simple, and easily seized. We have to reduce the luxated extremity, and combat any inflammatory symptoms which may appear. As to the instruments formerly employed for the reduction of luxations, we shall only say of them that they are old and bad, and need never be had recourse to. Sir A. Cooper describes a method which is very easy and simple ; the patient is placed on his back on the ground ; the surgeon places his heel in the axilla, makes extension by drawing the limb towards him, and uses his heel also to guide the bone into the socket. A principle much insisted on by Sir A. Cooper, and which deserves particular attention, is to devise some means of drawing off the patient's attention, and thus taking the muscular system by surprise, at the moment we are about to reduce the joint ; this is often indispensably necessary, and M. Berard has imitated the English surgeon with great success. But we should speak of the preparatory treatment to which the patient is to be submitted. If the luxation be of long standing, and very difficult to reduce, or if the patient be nervous, we must first employ certain general means, before we have recourse to mechanical force. In the first class we may place general bloodletting, proportioned to the age and strength of the patient, and drawn from a large orifice ; this may be repeated if necessary, and other measures proper to weaken the muscular strength of the patient employed ; hot-baths continued for several hours are also useful, and we may imitate with advantage the practice of the English surgeons who give frequently repeated doses of tartar emetic, not to produce vomiting, but merely to keep up nausea, and this is a powerful means of reducing muscular force.

M. Berard now proceeded to describe, at length, the manner of reducing the dislocation with which his patient was affected. As to counter-extension, he adopts the views of Boyer. In speaking of extension, he examined with some minuteness the most proper point for applying it, and concluded in favor of extension made above the elbow, as recommended by the English surgeons, instead of the practice commonly followed in France, where the force is applied to the humerus indirectly, through the medium of the forearm and elbow-joint. The speaker here took an opportunity of combating the advice given by many authors, of drawing the limb in a direction the reverse of that by which it passed out of the joint ; this, said M. Berard, is a very irrational doctrine, and is not, moreover, supported by experience. As the action of the muscular system is in most cases the cause of dislocation, and of the difficulty experienced in reducing the bone, nothing is more proper to excite contraction of the muscles, and, consequently, increase the difficulties already existing, than to make extension in a line opposite to the direction of the chief muscles which act on the displaced bone. Hence M. Berard prefers the method of reduction lately described by Dr. Malgaigne, to all others ; he has now tried this method on six occasions at the hospital St. Antoine, and always succeeded in reducing the dislocation with a facility and readiness which no one that had not witnessed the operation could imagine. This method consists in elevating the arm as much as possible, and drawing the head of the bone upwards, in the direction of the fibres of the deltoid muscle ; by this means the deltoid, pectoral, and other muscles surrounding the joint, are not irritated or put on the stretch; we have, consequently, very little muscular contraction to overcome, and the head of the bone is easily drawn on a level with the glenoid cavity, and enters without the slightest difficulty. M. Berard had lately an opportunity of testing the efficacy of this method, in a case of much difficulty, where the reduction had been twice in vain attempted by Boyer's manner, seconded by a general bleeding, warm-bath, and other preparatory measures.

Having treated this part of his question at much greater length than we propose to give, M. Berard concluded the history of the case by examining the accidents which may supervene after reduction of the dislocation, and the care which the patient may demand at this period.

Second Patient.—FISTULA OF THE CHEEK.—IMMOBILITY OF THE JAW.

The second patient submitted to the examination of M. Berard, was affected with a fistulous orifice in the left cheek, the result of gangrene following a fever, by which he had been attacked at the age of ten years; the patient had also suffered from a scorbutic affection, which contributed to render the gangrene more dangerous. He now presents a buccal fistula, capable of containing the little finger, and communicating between the cheek and interior of the mouth. The jaw-bones are in close connection with each other, and it is impossible to separate the corresponding teeth more than two or three lines. The inferior maxillary bone on the left side seems atrophied, and the masseter muscle is also considerably diminished in bulk. It does not appear that the duct of Steno is interested in the disease and obliterated. When that is the case, M. Berard remarked that whenever the patient eats, the surface of the cheek is covered with an abundant liquid secretion, and becomes red and elevated in temperature, and he named one of his relations who exhibited this phenomenon after having been affected with an inflammation of the parotid gland, which terminated in obstruction of the duct. In this case there are manifestly two indications which present themselves to the surgeon ; one, to close, if possible, the fistulous orifice, the other to restore the mobility of the maxillary bone. To fulfil the first, M. Berard proposed the taliacotian operation, or the method proposed by M. Roux of St. Maximin, which consists in making two parallel incisions from the lower border of the wound towards the chin, turning up the flap, and joining it to the edges of the fistula, which are to be previously pared. It is to the latter operation that M. Berard gives the preference.

The second indication will be fulfilled, by placing between the teeth two metallic plates parallel to one another, and capable of being separated by the action of a screw. This apparatus had been already employed for two days ; but the speaker took occasion to remark that it was employed on the healthy side of the jaw, and demonstrated that it would be much more rational and efficacious to use it on the side of the injury.

Here the hour for terminating the lecture surprised M. Berard before he had time to investigate the causes of this immobility of the jaw, and many other interesting questions connected with the case.

Quebec, 15th September, 1834.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If you should deem the enclosed abridged extracts from my notebook, relating to a case which came some time since under my observation, of sufficient interest to entitle them to a place in your valuable Journal, I would beg the favor of you to give them insertion in your next number. It may not be unnecessary to state that I am prosecuting my studies under my father, and am an humble aspirant to the noble profession, the interests of which it is your constant object and endeavor to promote. Through the great kindness of Doctor Skey, Deputy Inspector General of Hospitals, and Head of the Army Medical Department in Canada (to whom I beg to express my sincere and grateful acknowledgments for the many obligations he has conferred upon me), I am permitted the indulgence of walking the Military Hospital at this place, and have access to the Library and Museum which are in the same extensive building. It was in the former of these sancta sanctorum that I first met with the "Boston Medical and Surgical Journal," and the liberality with which it appears to be conducted, encourages me to hope that, although not yet presented with the all-essential Diploma, the trifling tribute to the cause of science I now offer will not be superciliously rejected. I do not presume to venture upon any remarks on either the disease itself or the method of treatment which was adopted in the case alluded to. To promote the welfare of our fellow-beings is certainly one grand end of our creation and existence, and there is no one, however lowly his station, who has not the power of effecting this in some degree. It is, I assure you, Sir, with this view, that I now do myself the honor of addressing you, and I trust, therefore, it will be deemed superfluous to accompany this Communication with any apology from, Sir,

Your respectful and very obedient servant, GEORGE R. GRASETT.

CHRONIC GASTRITIS, WITH GENERAL DERANGEMENT OF THE DIGESTIVE ORGANS.

AUG. 26th, 1833.—The subject of the above complaint, Mr. ****, 22 years of age, is a student in Divinity, and second son of Mr. ****, a half-pay officer in the British service. For the last eighteen months or two years, his health has been slowly declining—he is now, poor fellow, a mere "anatomie vivante," and so debilitated that he cannot turn in his bed without assistance, nor raise his voice above a whisper. For a few years previously, had devoted a great portion of his time to his theological studies. His disposition formerly was, on the whole, placid, but he was occasionally very irritable on meeting with any trifling disappointment. Great effort was made on his part to overcome this natural irritability, and his temper, up to the period of his *first* beginning to complain, gradually became mild and settled. His symptoms at that time, were, general debility—a continued coldness of all the extremities, which even exercise could not remove—he had no fixed pain, but some uneasiness referable to the epigastrium—his appetite was tolerably good—bowels rather slow—his sleep generally undisturbed—notwithstanding, he became emaciated, and his strength declined until he was reduced to the state which has been described above. The peculiar features of his case at present, are, an inordinate appetite or *craving* for food, which, if given to him, he eats with astonishing voracity—daily pyrexia, with occasional excessive mental excitement, almost approaching to a degree of temporary insanity—and a particularly torpid and inactive state of the bowels.

27th Aug.—We arrived at his father's residence last night, which is beautifully situated on a rising ground near an old French fort, on the banks of the St. Lawrence, affording a magnificent view of the surrounding country. * * * * * * A consultation was held this morning with his medical attendant, Dr. ——, at which I was permitted to be present, and the following medicine was ordered.

R. Tart. Antim. gr. vi.
Sodæ Carbon. ʒiv.
Tinct. Opii. ʒiss.
Aq. puræ ℥xij. ft. mist.
Cochleare unum ter, quaterve die sumat.

Doses of the carbonate of soda, with rhubarb, to be taken when two or three days elapse (which is generally the case) without his having any motion.*

His pulse, when free from fever, ranges between 54 and 70—tongue tolerably clean and moist—seldom complains of thirst—sleeps very indifferently, and frequently calls for something to eat during the night. When the *craving* for food recurs, there is a surprising accession of bodily strength ; and if at all thwarted in its unlimited indulgence, he becomes quite furious and unmanageable, leaps from his bed, threatens violence to his nearest and dearest relatives, or declares that he will put an immediate period to his existence. If food is presented to him, he is pacified and proceeds, as has been stated, to swallow it with amazing despatch. It is not always, however, that he is quieted after eating, for a feverish feeling is produced, and the irritable state of mind continues. A singular fact is, that during these periods of excitement, he is perfectly aware of the part he is acting :—and, conscious that his conduct has been reprehensible, expresses, when he becomes calm, a deep regret at what has occurred. A sense of filial duty returns, and he bitterly laments those inward feelings which prompt him to these violent proceedings, and *over which he sincerely professes not to have the slightest control.* This circumstance adds greatly to the grief of his afflicted family. He himself entertains very little hope of his own recovery, and assures them of his perfect resignation to the divine will. * * * * * *

31st.—There is not much difference observable in his symptoms, except that the fits of mental excitement are rather more moderate. Has taken the mixture regularly. The use of the patent self-injecting apparatus was suggested, instead of taking aperient medicine per os, and an occasional warm bath of salt water particularly recommended. Repetat. medic. ut ante.

September 4th.—Drove with my father to ——, and found him decidedly better. All his symptoms have improved—his mind is more settled, and composed—the daily fever has subsided—his countenance more cheerful, and his voice stronger—answered with calmness every question, and stated that he felt himself stronger, and better in every respect. There is still an inordinate desire for food, but he has submitted, as far as possible, to the direction that he should eat *frequently* during the day, taking only a *moderate quantity at one time.* He is sometimes tempted violently to infringe this rule, but makes great endeavors to restrain himself. Continue the medicines. When the fever takes place, increase the quantity of the mixture. Omit the tinct. opii.

A plan of diet was laid down—all highly-seasoned food forbidden—arrowroot, rice, milk, beef-tea, &c. allowed, but at present not much animal food. He was recommended to sit up in the bed with proper support for an hour, if possible, after eating.

14th.—On visiting Mr. **** to-day, found him seated in an arm-chair in the apartment adjoining his bed-room !—He smiled on our entering, and assured my father, in quite an audible voice, that his health had rapidly improved ſince he had been under the influence of the medicines. Says that he finds great comfort and refreſhment from the baths. * * * * His bowels are much leſs coſtive than formerly, and all the ſecretions natural; the fits of excitement occur leſs frequently, and are not by any means ſo violent; his pulſe more firm, and regular; appetite moderating; reſts better at night, and complains of no pain; had for ſeveral days liſtened with much pleaſure to muſic on the pianoforte, played by ſome members of his family, which he has not done for many months, and was amuſing himſelf this morning in drawing, as long as his ſtrength would permit him. During the week got out of bed each day (and that, too, without much aſſiſtance), and remained up for an hour or more as he felt able.

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* He had been in the habit of taking gentle doses of the pulv. rhei by itself, or ol. ricini :—but his case it seems was deemed of too hopeless a nature, and his complaint too far advanced, to admit of any very active treatment.

Cheerful converſation, books of amuſement, and removal from one room to another by means of an eaſy-chair with caſtors, were recommended. Allowed ſome beef-ſteak, for which he had a particular fancy.

R. Tart. Antim. gr. iv.
Tinct. Lav. C. gtt. xxx.
Aq. diſtillat. ℥xij.

Of the above, let half a wineglaſsful be taken when there is any acceſſion of fever, but at no other time.

R. Quininæ Sulph. gr. xij.
in chartas duodecim divid. quarum, unam bis in die capt.

It ſhould be obſerved that at the firſt viſit his cheſt was minutely examined; percuſſion elicited a clear ſound, both anteriorly and laterally. The reſpiration was eaſy and natural, when free from the influence of mental excitement. He never had cough (or any ſevere pulmonic affection), and not the ſlighteſt pain was felt on preſſure of the abdomen. Throughout his illneſs he generally had free (not profuſe) *ſenſible* diaphoreſis, and it was ſometimes obſerved to break out in ſmall drops on the forehead. The ſecretion of urine was in juſt proportion to the quantity of fluids taken inwardly.

21ſt.—Improving, although ſtill weak; not ſo much deſpondency of mind; conſiderably leſs of that wild expreſſion of the features with which the countenance has hitherto been *occaſionally* ſo ſtrongly marked. Occupies himſelf a good deal in painting, and enters cheerfully into converſation with different members of his family. Pulſe regular, bowels ſlow. The quinine (as had been anticipated) did not by any means tend to increaſe the deſire for food. The patient is very deſirous of repeating the medicines, which was acceded to.

Rept. Miſt. et pulveres Quininæ Sulph. ut ante.

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Oct. 24th.—Mr. ——'s ſtate of health has gradually become better. The fits of excitement to which he has been ſo long ſubject are now very "few and far between." His mind is compoſed; appetite, though ſtill more *keen* than it ſhould be, has moderated exceedingly, and the alvine dejections now take place without the aid of medicine, &c. He is able to take a daily drive in the country, when the weather permits, and has on several late occasions amused himself in fishing at the beautiful river of —— in the neighborhood of his father's residence.

Nov. 10th.—He gains strength daily, has improved in embonpoint, and now regularly takes his seat at the family table.

Directed to discontinue the medicines ; permitted to use the bath at intervals, as he expresses a wish to that effect. A change of diet allowed.

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January 3rd, 1834.—I this morning had the pleasure of reading a letter from young Mr. ——, addressed to a relative in Quebec. He writes in excellent spirits, and states that his health and strength are still rapidly progressing.

CASE OF STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following unusual case of Hernia is sent to you for publication in the Journal, if you think it sufficiently interesting.

On the 21st of last April, my friend Dr. Fellows, of Montville, requested I would visit a patient with him five miles north of this place. He had seen her the day previous with Dr. Shepard, of Gales-ferry, and they prescribed for the urgent symptoms. We found the patient (Mrs. S., aged 62) lying on her back, very restless, and complaining of great distress at the stomach, with frequent vomiting ; her tongue was covered with a dark fur, skin cool and moist, pulse 120 and feeble, with obstinate costiveness and much prostration. On requesting permission to examine a tumor, which the Doctor had mentioned to me with suspicion, she objected, supposing it had nothing to do with her present suffering, and desired we would not trouble her, thinking she must die. After some persuasion, however, she consented, and we found a firm indolent tumor in the centre of the left groin, twice the size of a nutmeg, and resembling an enlarged gland. It remained stationary when coughing, and she said it always had since first noticing it three years previous. We then asked when and where her difficulty commenced, and was told it began seven days previous with costiveness, which had continued to the present time, and that for the two first days the tumor was painful ; the distress then seemed to rise up to the stomach, when she began vomiting and the pain in the groin ceased. We now examined the abdomen carefully, and discovered within and above the tumor a slight enlargement and tenderness, which were increased by coughing. Though not satisfied as to the real nature of the case, I offered the opinion that it was a strangulation of the bowel, somehow connected with the tumor ; and considering the length of time, and the impossibility of reducing it by the taxis, an immediate operation afforded the only chance. Dr. Shepard now joined us, and after some consultation it was sanctioned, and I returned to town for instruments.

Dr. E. North, of this place, returned with me, and though he considered the diagnosis obscure, thought an operation necessary.—Standing on the right of the patient, I pinched up a fold of skin over the tumor, and divided it. The incision, two inches long, exposed the tumor, covered with cellular membrane. On clearing this and the skin around, I felt a smooth neck the size of a swan's quill. The tumor could not be drawn outward, but was fixed and covered by a strong sac, which was opened, and a small omental hernia exposed. On passing a finger within the sac, a firm round stricture was felt, and with some difficulty a probe-pointed bistoury pushed under, which cut it up and inwards. Some bloody water immediately came out over my fingers. Holding back the sac, the hernia was easily returned into the abdomen, when the patient said she felt some relief. The wound was dressed, a dose of laudanum given, and we left the house. While getting into the carriage, one of the family came out to tell us something was passing her bowels. She had taken cathartics freely during the week previous. That night she had five more fluid evacuations. She recovered, and now has her usual health.

That the bowel was strangulated, is clear ; and my opinion is, it was caused by a fold getting over or around the neck of the hernia within the abdomen, and that when this was carried inward it was liberated. Dupuytren says he has observed fifteen species of internal strangulation ; this might be termed a mixed case, and if its publication can in any way be useful, I shall be gratified.

With due respect I am, Sir, yours, JAMES MORGAN.

New London, Ct. Sept. 25, 1834.

ANSWER TO QUERIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Being absent from home, and so situated as not to have access to any old writer either upon Chemistry or Pharmacy, I am unable to answer the first question of your correspondent W. W., in No. 6, Vol. XI. of your Journal, in such a manner as I should choose ; but, should no more satisfactory reply be offered, you are at liberty to use this. It is my opinion (from recollection only) that the *sal jovis* is essentially, if not entirely, the *protochlorid of tin*, i. e. that compound which consists of one equivalent of each of its elements. I believe that there are besides, a *dichlorid*, and a *deutochlorid*, the former a compound of two equivalents of *tin* and one of *chlorine*, and the latter a compound of one equivalent of *tin* and two of *chlorine*. I believe that by some of the processes employed for the preparation of the *sal jovis*, it was sometimes mingled or combined with a portion of the *protoxyd of tin* ; but, of this, I am not quite certain, and if such is the fact, the *protoxyd*, I think, could have added nothing to its medicinal efficacy, and therefore was, in fact, an adulteration.

The only book which mentions the *sal jovis*, to which I have access at present, is Rees's Cyclopœdia, in which, under the article *tin*, the following may be found. "*Tin*, *salt of*, *sal jovis*, is prepared from twelve ounces of *calx of tin*, and four of *aqua regia*, diluted with twenty-four of *water* ; after digestion for two days, the vessel is to be shaken, the more ponderous part of the *calx* suffered to settle, the turbid liquor poured off and evaporated almost to dryness, and the mass further exsiccated on brown paper ; to the remaining *calx*, half the quantity of fresh menstruum is to be added, and the process repeated." "Dr. Lewis thinks it useless to calcine the metal, as *tin* uncalcined dissolves much more easily and plentifully, and in both cases the solution is the same." For this, reference is made to Lewis's Materia Medica. As far as my recollections are to be relied on, the best way of preparing the *protochlorid of tin*, or *sal jovis*, is to dissolve pure metallic *tin* in *hydrochloric acid*, subsequently evaporating the solution. In this way fine crystals may be obtained. On this subject Dr. Thomas Thomson's System of the Chemistry of Inorganic Bodies, 7th Edition, Glasgow, 1831, may be advantageously consulted, both under the article *Tin* in the 1st Volume, and under the head of *Chlorids* among the *Salts* in the 2nd Volume. I will only add, in relation to this subject, that I have long been satisfied that the *protochlorid of tin*, or *sal jovis*, is a valuable remedy, both for external application and internal use ; and that it is much to be wished that some gentleman of competent qualifications would investigate its powers, ascertain its operations, and communicate them to the public through the medium of your useful Journal.

The second question of your correspondent W. W. can be answered only in relation to the popular usage in particular places. Within the circle of my acquaintance, the popular term *salt-rheum* is vulgarly applied to all chronic cutaneous eruptions of whatever character. As far as my observation extends, the popular nomenclature for cutaneous eruptions consists only of four terms, viz. *salt-rheum*, *ring-worm*, *scalled-head*, and *itch* ; and it is considered as indicative of a great want of refinement to employ the latter, the term *salt-rheum* being considered as equally appropriate, and much more elegant. Even in application to *scalled-head* and *ring-worm*, the term *salt-rheum* is very frequently employed. But, a mild degree of the *impetigo laminosa*, and *impetigo herpetica* of Good, being by far the most common cutaneous eruptions within my knowledge, the term *salt-rheum* is much the most frequently applied to these. This, I believe, is the most definite answer that the second question of your correspondent admits, at least in regard to popular usage generally. In relation to some particular place, something more definite may possibly be said. Yours, &c. WILLIAM TULLY.

Castleton, Vt. Sept. 20, 1834.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 8, 1834.

DR. COXE'S REFUTATION OF HARVEY.*

It will hereafter be regarded as a curious fact in medical literature, that a book was published Anno Domini 1834, to refute the writings of a man who had been buried one hundred and seventy-eight years.

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* An Inquiry into the Claims of Dr. William Harvey to the Discovery of the Circulation of the Blood ; with a more equitable Retrospect of that Event. By JOHN REDMAN COXE, M.D. Philadelphia.

Dr. Coxe, however, is known throughout America, and in Europe, and is esteemed for his indefatigable industry, learning and devotion to the sciences—and this reputation will command the attention of scholars, antiquarians, and particularly English philosophers, in relation to the book before us, which otherwise, we apprehend, would excite little interest either here or in other countries. The volume is indeed worthy of a more extended notice than the limits of our Journal will permit us to bestow upon it, as we can do little more than briefly present to our readers the substance of the author's views and the plan of his work. This will best be accomplished by a few extracts from the Preface. After stating that for more than forty years no individual stood higher in his estimation than the illustrious Harvey, the author proceeds :—

"In the course of the following pages I trust to show, that my opposition arises from no desire to disparage Dr. Harvey, or to underrate or undervalue his claims and discoveries ; but altogether from an anxious wish to do justice to others, whose merits have in my opinion been entirely overlooked, or set aside, by awarding *solely* to Dr. Harvey the honor of the discovery of this great physiological fact,—on which so many, if not all others, absolutely depend,—instead of dividing it with several of his predecessors.

"I shall not positively affirm, although it seems to me to be the fact, that *the same disposition* (at the exaggerated estimate of a few individuals, who, at the period he wrote, gave Harvey the high and honorable title of discoverer of the circulation, although absolutely only attaching more firmly those connecting links of an extensive chain, which time had rusted, and possibly, also, adding slightly to its more full perfection),—this same disposition, I repeat, at a subsequent period, robbed a native of America of the well-deserved claim to the discovery of the quadrant ! and placed those laurels on the brow of Hadley, that had so unjustly been torn from the humble and nearly unknown Godfrey. If Hadley, by his allowed improvement of the instrument, could fairly divest the latter of his claim to the discovery ; then we may equally admit that Harvey was the undoubted and sole discoverer of the circulation. If so great an injustice as that exhibited, and which is still persisted in, against the real discoverer of the quadrant, even only within the last sixty years, is tolerated, how can we expect, when two hundred have elapsed, to substantiate, in opposition to Harvey, the co-equal claims of Galen, Servetus, Aquapendente, and many more ? when, not only Great Britain, but all the world, alike yield to the testimonials in his behalf ! Let me hope, at least, for an act of justice, by reading what I have to say, before condemning me ! Let me say, in the words of Themistocles, 'Strike, but hear me ;' and then, perhaps, the real facts being made apparent, some may be induced to think with me, that the claims set up for Harvey, as to this great and glorious discovery, are far beyond their appropriate standard. Had he not, himself, most fully claimed *the whole* in various parts of his works, and especially in his 52d Exercit. de Generatione, where he speaks of it in the following words, 'Circuitum sanguinis admirabilem, *a me jampridem inventum*,' I should have thought the claims for him from other quarters to be of less importance, and might probably have omitted altogether the inquiry it has led me into ! "

Dr. C. professes to have scrutinized the claims of Harvey through the editions of his works which were edited by himself, instead of those which were issued subsequently, containing additions by commentators.

"If," he says, "we look into the edition of Harvey's works, by the London college of 1766, we shall find therein an enumeration of between three and four hundred variations, of all descriptions, between it, assumed as the most perfect, and the first, printed by Harvey at Frankfort, in 1628. But the circumstance of Harvey being himself the editor, renders it essential to inquire into *its* merits, and not those of the college edition, at nearly an interval of a century and a half, when such numerous additions had been made in science. In reading the following remarks, this circumstance should be kept in view; and the question perpetually asked, at every position assumed by Harvey, or any asserted fact or demonstration, whether they were or not, known to others, previously to his publication? If acknowledged to have been known, what exclusive claim can he lay to them?—or, how can those, individually acknowledged to have been advanced by others, become the right of Harvey, because he may have collected them in a focus?"

As might be expected in a work of this nature, a large extent of extracts, from different sources, was unavoidable; and as the scientific writings of those days were chiefly in Latin, it has been thought equally necessary by the author, to quote from the original. He trusts that the use of this dead language, however, will not deter the friends of truth from investigating the subject now presented to them. It would be useless to attempt an analysis of these extracts, with Dr. C.'s comparisons and remarks. After informing our readers, therefore, that there is manifested in this part of the work great apparent candor and an unusual extent of deep research and critical examination, we will close this imperfect sketch by a few short quotations from the author's concluding remarks:—

"And now, in bringing these remarks to a conclusion, I deem it proper to renew my inquiry, what is it that we absolutely owe to Harvey? I mean as it respects his asserted claim to the full discovery of the circulation of the blood. A circulation of that fluid, abstractedly considered, I think, has been substantially evinced to have been held by Aristotle and by others, even down to his days. However incorrectly they understood the mere route of circulation through the vessels, they appear to have comprehended the utility and the necessity of it to nutrition, to animal heat, and secretion, equally as well as we now do: whilst, in the discharge of blood by venæsection, arteriotomy, cups, scarification, and even leeches, they were not less bold, nor less successful than ourselves. Experience taught them all that it now teaches us, in the various modes of its evacuation; and the danger and benefits of its employment, were just as well comprehended by the mind of Hippocrates, two thousand years ago, as by Harvey, the affirmed discoverer of its route."

"Under every view of the subject, it seems to me that the utmost Harvey effected, was, by means of some well-devised experiments, and by an accumulation of facts from preceding writers, to have smoothed down some difficulties which still existed. That he, and he alone, discovered the circulation, would not now be conceded, supposing he could, in the present day, advance his ideas in precisely the same manner as he did two centuries ago. His demands have been agreed to, without due examination into their merits; and have been transmitted as an heir-loom to the profession, who have taken them altogether on trust, and as any other long-continued tradition may be presumed to impress itself upon us.

Could many of those to whom I have referred, arise from their slumbers, and peruse the writings by which his claims are considered to be substantiated, would they not indignantly exclaim, with the Mantuan Bard,

'Hos ego—scripsi, tulit alter honores.'

"How far I have been enabled to redeem my pledge, I now leave to the candid judgment of the profession; at least, of those members of it, who consider truth as of more importance than a name, and who will seriously devote themselves to an unbiassed investigation of the subject in all its bearings."

GIN FOUND IN THE BRAIN.

We are indebted to M. L. North, M.D. of Hartford, Ct. for the following extract—from an Address delivered in Washington, Nov. 15, 1830, by Professor Sewall—in answer to a query in No. 7. Though it does not refer to a case which has occurred in this country, there seems to be no reason to doubt its authenticity.

"The following case occurred not long since, in England, and is attested by unquestionable authority. A man was taken up dead in the streets of London, soon after having drank a great quantity of gin on a wager. He was carried to the Westminster Hospital and there dissected. 'In the ventricles of the brain was found a considerable quantity of limpid fluid, distinctly impregnated with gin both to the sense of smell and taste, and even to the test of inflammability. The liquid appeared, to the senses of the examining students, as strong as one-third gin and two-thirds water.'"

PHYSICAL EDUCATION.

It is well known to the profession in this city, that a very important apparatus has been devised in Boston, within a year or two, for curing and relieving diseases of the spine. In connection, a series of instruments have also been constructed, of the utmost importance in physical education—a correct knowledge of which should be generally disseminated; and with such a view, engravings are in progress to illustrate them, which will be given in the Journal in a few weeks.

Enormous Nævus Maternus.—Dr. Arenatt, of St. Petersburgh, transmitted the following interesting account of an operation performed by himself, to Mr. Wardrop.

A man who from his birth had several nævi on different parts of his body, received a blow on one of them, situated near the right temple. It increased rapidly in size, acquiring a prodigious bulk in the space of two hours after the injury. The carotid artery was tied an inch and a half above the clavicle, and two ligatures were also placed round it, half an inch distant from each other. The tumor burst during the operation, and the loss of blood was calculated at not less than eight pounds. On the day following, the tumor was emptied of blood. Much of the skin having been removed, twelve small arteries were secured, and on the seventeenth day the ligatures of the carotid were removed.

RECORD OF METEOROLOGICAL OBSERVATIONS FOR SEPTEMBER, 1834.

1834.	THERMOMETER.			BAROMETER.							
September.	Minimum.	Maximum.	Mean.	Minimum.	Maximum.	Mean.	Winds.	Appearances of the Atmosphere.	Rain in Inches.	Moon's Phases.	Remarks.
Mon. 1.	58.50	66.00	62.25	30.12	30.14	30.130	N E	Cirro-cumulo-stratus.	.90		Rain, and through the night.
Tues. 2.	60.00	66.50	63.25	30.10	30.15	30.125	N E	Cirro-cumulo-stratus.			Rain, m.
Wed. 3.	62.00	77.00	69.50	30.18	30.22	30.200	S W	Cirrus.	.02	○ m.	N W, m. Rain last night.
Thur. 4.	60.00	86.00	73.00	30.02	30.20	30.110	S W	Cumuli.			Evening, lightning.
Frid. 5.	70.00	75.00	72.50	29.75	30.00	29.875	S W	Cirro-cumulo-stratus.	.85		Rain, and through the night.
Sat. 6.	66.00	79.50	72.75	29.60	29.85	29.725	N W	Cirrus.			
Sun. 7.	64.00	69.50	63.75	29.95	30.10	30.025	E	Cirro-cumulo-stratus.	.27		Rain, and at night. Therm. 58 at 9h. a.
Mon. 8.	60.00	67.00	63.50	30.02	30.10	30.060	E	Cirro-cumulo-stratus.	.85		Rain, a, and through the night. .85
Tues. 9.	66.00	76.50	71.25	29.65	29.80	29.725	S W	Cirro-cumulo-stratus.			Rain. Nimbus.
Wed. 10.	62.50	73.50	68.00	29.64	29.70	29.670	S W	Cumuli.		☽ m.	High wind.
Thur. 11.	49.00	65.00	57.00	29.75	29.90	29.825	N W	Cumulus.			High wind. S W, m.
Frid. 12.	45.00	50.00	47.50	30.12	30.35	30.235	N W	Cumuli.			High wind.
Sat. 13.	47.00	59.00	53.00	30.50	30.55	30.525	E	Cumuli.			
Sun. 14.	46.50	72.00	59.25	30.45	30.55	30.500	S W	Cumulus.			
Mon. 15.	52.00	73.50	62.75	30.32	30.44	30.380	S W	Cirri.			
Tues. 16.	53.00	71.00	62.00	30.25	30.32	30.285	S E	Cumuli.			E, a. Stratus, m.
Wed. 17.	55.00	64.00	59.50	30.18	30.28	30.230	S E	Stratus.		● a.	
Thur. 18.	58.50	71.00	64.75	29.90	30.10	30.000	E	Cirro-cumulo-stratus.	.02		Slight rain, m and a.
Frid. 19.	63.00	70.00	66.50	29.95	30.00	29.975	E	Stratus.			Cumuli, a.
Sat. 20.	60.00	74.00	67.00	29.95	29.95	29.950	E	Cumuli.			Stratus, m.
Sun. 21.	58.50	73.00	65.75	29.88	29.95	29.915	S E	Cumuli.			Stratus, m.
Mon. 22.	60.00	71.50	65.75	29.90	30.00	29.950	W	Cirri.			
Tues. 23.	57.00	64.00	60.50	29.88	30.00	29.940	N E	Cirro-cumulo-stratus.	.01		Stratus, a.
Wed. 24.	57.50	71.00	64.25	29.92	30.05	29.985	N W	Cirro-cumulo-stratus.			Cumulo-stratus, a.
Thur. 25.	56.00	73.00	64.50	30.05	30.10	30.075	S W	Cirrus.		☾ a.	
Frid. 26.	54.00	69.00	61.50	30.15	30.22	30.185	S E	Cirri.			
Sat. 27.	56.00	74.00	65.00	29.95	30.16	30.055	S W	Cirro-cumulo-stratus.	.01		Stratus, m. Cumulus, a.
Sun. 28.	56.50	60.50	58.50	29.95	30.02	29.985	N W	Cirro-cumulo-stratus.			
Mon. 29.	44.50	56.50	49.25	30.02	30.22	30.120	N W	Cumulus.			High wind. Thermometer 42 at 9h. a.
Tues. 30.	34.50	60.00	47.25	30.38	30.48	30.430	S W	Cirri.			
Aggregate.	56.41	69.28	62.708	30.015	30.130	30.0730	S W	Cirro-cumulo-stratus.	2.93		

Result.—Mean temperature, 62.708. Maximum on the 4th, wind S W, 86.00. Minimum on the 30th, wind S W, 34.50. Greatest daily variation on the 4th, wind S W, 26.00. Least daily variation 5th and 12th, wind S W & N W, 5.00. Range of Ther. for the month, 51.50. Decrease of mean temperature from Aug. 5.485.——Mean atmospheric pressure, 30.0730. Maximum 13th, wind E, 30.55. Minimum 6th, wind N W, 29.60. Greatest daily variation 6th, wind N W, 0.25. Least daily variation 20th, wind E, 0.00. Range of barometer, 0.95. Increase of atmospheric pressure from Aug. 0.1461.——Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, S W. Rain, in inches, 2.93.

Fort Independence, Boston Harbor, Mass. October 1, 1834.

J. A. BRERETON.

Cholera.—The latest accounts from most of the places in the United States where the cholera has recently prevailed, as well as from Halifax, N. S. are favorable.—A few cases only have occurred in Philadelphia. Mention is made in the papers of a man in the salt works at Salina, N. Y. who on being attacked with the disease requested that he might be covered all over with hot salt from the pans. The experiment is said to have speedily resulted in a profuse perspiration, a regular pulse, and, in a few hours, complete recovery.

New Composition for Issue Peas.—M. Frigerio has communicated to the Academy of Medicine a notice of a new kind of issue peas, composed of resin, powdered mezereon, marshmallow, and orris root, which can be moulded to any size, and made more or less active in their composition, according to circumstances. They excite a more regular and abundant discharge, without causing the pain and inflammation that frequently arise from the swelling of peas made of the root of the iris.

London Medical and Surgical Journal.

Fossil Bones.—In raising a ship at New Ramsey, on the English coast, human skulls were discovered—supposed to have been there a very long time. Though thus exposed to the influence of sea-water, perhaps for centuries, they were in tolerable preservation.

Yellow Fever.—The Yellow Fever has appeared on board the Grampus at Pensacola, and since the 23d of August forty cases have occurred among her crew. Four men have died; three of them with *black vomit*, and the corpses became putrified immediately.—The fourth threw up a fluid in which dark flakes were suspended, bearing a close resemblance to black vomit.

THE Communications of "R. C." and Dr. Foss are excluded from this number by want of room, but shall have an insertion next week.

A Case of Obstruction of the Meatus Auditorius Externus, and also two cases of severe disease of the eye, are on file.

DIED—In the Island of Jamaica, Dr. Ball. His body having been discovered in an obscure place, it was supposed that he was inhumanly murdered.—Dr. Stephen C. Henry, 49, of Detroit.—Dr. W. Clater, do.—Dr. Constantine P. Weever, 28, do.—In Epping, N. H. on the 14th inst. Prescott Lawrence, M.D. recently from Le Roy, N. Y. aged 39.—At Scituate, R. I. Caleb Fiske, M.D. 83.

Whole number of deaths in Boston for the week ending Oct. 4, 36. Males, 19—Females, 17.

Of consumption, 6—infantile, 4—teething, 1—typhous fever, 1—worms, 1—disease of the heart, 1—nervous fever, 1—cholera infantum, 3—fits, 2—cancer, 1—dysentery, 1—croup, 1—dropsy on the brain, 1—bowel complaint, 1—quinsy, 1—inflammation of the lungs, 1—drowned, 1—unknown, 2—child-bed, 1—accidental, 1.

ADVERTISEMENTS.

JAMES MANN, Preserver of Birds and Quadrupeds, Murray Place, 38 Prince Street, Boston, preserves and sets up Birds and Quadrupeds, Skeletons, &c.

Orders from gentlemen in the country punctually attended to. Sept 17—tf

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